PAGE 02

PRINTED: 06/08/2015 FORM APPROVED

IDENTIFICATION NUMBER: FCL066614 B. WING		of Health Service Re	equiation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 TYLER ROAD RICH SQUARE, NC 27863 Ox41 ID PRESIX CEACH DERICIBLO'S MUST BE PRECEDED BY YULL TAGS SUMMARY STATEMENT OF DEFICIENCIES (EACH DERICIBLO'S MUST BE PRECEDED BY YULL) TAGS C 000 Initial Comments This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a biennial construction survey done by Bob Getchell on May 7, 2015. This report is of a bienn	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1		(X3) DATE SURVEY COMPLETED		
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The back corridor floor is uneven, and has multiple transitions creating a tripping hazard. C 147 Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING C 147 State and County Med Suther in StuctionS		 Based on observas not maintained corridors that conta transitions. This we exposing them to tr 	vation, egress from all areas in a safe manner by having in uneven floors and ould effect all residents by ipping hazards and hampering		The administrate did what was ago by Construction	point 8	3/1/E
SECTION .0300 - THE BUILDING Further in structions		The back corridor fl			inspection for the	pass	
	C 147	Outside Entrances/	Exits-Single Hand Motion	C 147	State and county.	Med	
ision of Health Cardine Regulation		SECTION .0300 - T	HE BUILDING		Guther instruction	S	
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ANNUAL STATE (X6) DATE (X6) DATE		salth Service Regulation	contact that was a constant to the	MATURE	TIME	res.	DATE

8GPW21

If continuation sheet 1 of 4

PAGE 03 PRINTED: 06/08/2015 FORM APPROVED

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING: 01		COMPLETED		
		FCL066014	B. WING		05/07/2015		
NAME OF E	PROVIDER OR SUPPLIER	SYREET AD	DRESS, CITY.	STATE, ZIP CODE			
		1516 TYLI					
CONFIDE	ENCE BUILDERS	RICH SQL	JARE, NC 2	7869			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE		
C 147	Continued From pa	ge 1	C 147				
	10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the histore at all- times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.			The door from veen a making it easy an able and a single mo	usabled 8-1-15 d acaus him		
This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having doors that could not be opened in a single hand motion. This would effect all residents by not allowing free egress in an emergency.							
	Findings include: a. The front door ha motion	as a knob that is not single					
C 153	SECTION .0300 - T 10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture (e) This Rule shall homes. This Rule is not me The facility failed to	re home shall: lings, and floors or floor n and in good repair; c unpleasant odors; clean and in good repair; lapply to new and existing et as evidenced by: keep the walls and cellings in ng exterior trim and interior	C 153				

Division of Health Service Regulation STATE FORM

8GPW21

If continuetion sheet 2 of 4

Carolyn Hall 07/15/15

Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7,107011	or contingendin		A. BUILDING:	01		
		FCL066014	B, WING		05/07/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 2	STATE, ZIP CODE		
CONTIN	NOT DUIL BEDE	1518 TYL	ER ROAD			
CONFIDE	ENCE BUILDERS	RICH SQL	JARE, NC 2	7869		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUSY BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE	
C 153	Continued From pa	ge 2	C 153			
	from a leak, b) The bethroom w c) Back exit door h metal.	or ceiling finish has damage vall/ceiling joint is separating, las paint peeled to the bare mage at back door,	,	The main carridor coving finish has be repair.	8-1-15	
C 174		t Maintained Safe, Operating	C 174	The lathrown wall/ ceiling joints to sep and will be fixed or	, 0,000	
	EQUIPMENT (a) The building a mechanical, and pl care home shall be operating condition	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing		The exterior veryle at lack door and kill has ween fixed	lange bher 8-1-15	
	Based on obser system was not ma	et as evidenced by: vation, the building electrical aintained in a safe manner. Il residents by potentially a shock hazard,				
	to the wall. 2. Based on obserwas not venting to This would effect to airborn lint and of Findings include:	whind the dryer is not secured evation, the exhaust ventilation the outside of the building, he residents by exposing them contaminants.		The ADD-Volt is D to the wall The exhaust vent has ween connected of the ordaide of building	ng 8-1-15	
Objection of the	become disconnect	eted.		The exhaust duct he were on seed of	8-1-15	
JIVIBION OF F	realth pervice wednistion				transportation shows 2 of 4	

STATE FORM

Carolyn Hacon/15/15

Division	of Health Service Re	gulation			,	
The state of the s			(XZ) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED 05/07/2015	
		B. WING				
NAME OF F	PROVIDER OR SUPPLIER	SYREET AD	DRESS. CITY, S	TATE, ZIP CODE		
CONFIDE	ENCE BUILDERS	1516 TYLI RICH SQU	ER ROAD JARE, NC 27	7869		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	D BE	(XS) COMPLETE DATE
C 174	path were not main a) On the front por brick on the steps in 4. Based on observ components provid smoke have not be Findings include: a) Bathroom door and latch,	vation, the building ed to have a level walking tained in a safe manner. The booke and some is broken creating a trip hazard ration, the building ed to slow down the spread of		The Boards has been tighten and the broken step has been fixed Bath room door class and lack left bedroo a loose door knot has been tigher	w	8/1/25 8/1/15
	[]					

Division of Health Service Regulation

STATE FORM

8GPW21

If continuation sheet 4 of 4

Carolyn Hall 01/15/15